PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. KFOS-100

As a below named inventor, I hereby de	clare that:	
My residence/post office address and cit	tizenship are as stated below next to	
		d below) or an original, first and joint inventor (if plural name
are listed below) of the subject matter w	•	t, such as Chlorine Dioxide, into a Fluid Stream
the specification of which is attached he		
	as US Application Serial No.	
Number	and was amended on	(if applicable).
		re-identified specification, including the claims, as amended be a linformation which is material to patentability as defined in 3
Provisional Application I hereby claim the benefit under Title 35, Ur	nited States Code Section 119(e) of any	United States provisional application(s) listed below:
F	APPLICATION SERIAL NUMBER	FILING DATE
L		
matter of each of the claims of this applical Title 35. United States Code Section 112, I	tion is not disclosed in the prior United acknowledge the duty to disclose mate	United States application(s) listed below and, insofar as the subject States application in the manner provided by the first paragrapherial information as defined in Title 37, Code of Federal Regulation the national or PCT international filing date of this application:
APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)
		<u> </u>
POWER OF ATTORNEY: As a named inventor, I hereby appoint the f Patent and Trademark Office connected ther	ollowing attorney(s) and/or agent(s) list	ted below to prosecute this application and transact all business in t
Joseph Fischer, Reg. No. 51210		Timothy H. Van Dyke, Reg. No. 43218
Send Correspondence to:		Direct Telephone Calls To:
Joseph Fischer Van Dyke & Associates, P.A. 7200 Lake Ellenor Drive, Suite 252 Orlando, Florida 32809		Joseph Fischer 407-240-0085
true; and further that these statements wer	e made with the knowledge that will	I that all statements made on information and belief are believed to ful false statements and the like so made are punishable by fine and that such willful false statements may jeopardize the validity of t
Full Name of Inventor: Wilfried J. Schm	itz	Citizenship: German
Residence: 10387 Autumn Valley Road	, Jacksonville, FL 32257	
Post Office Address: Same		
Inventor's Signature	Dat	te

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)	ATTORNEY DOCKET NO. KFOS-100
Full Name of Inventor: <u>David Francis</u>	Citizenship: English
Residence: 921 Lotus Lane, S. Jacksonville, FL 32259	
Post Office Address: Same	
•	•
Inventor's Signature	Date